ALERTS CUSTOMER WEB ACCESS
SECURITY FORM

FROM: _____ TO: _____

ORG NAME:_____

ATTENTION: DCMC

1. NAME: _____ 2. SSN (LAST SIX
ONLY)_____
          Last, First, Middle Initial   **(Typed or Legibly Printed)**

3. OFFICE SYMBOL: _____ 4. JOB/TITLE/FUNCTION_____

5. PHONE NUMBER: (Circle One of the Following)   DOMESTIC   INTERNATIONAL   CANADIAN
                     (Commercial) (_____)_____-_____EXT_____DSN_____

6. CURRENT SMTP ELECTRONIC MAIL ADDRESS_____
                              (EXAMPLE: jsmith@dcmde.dla.mil)

7. STANDARD DLA LOGON (If Known) _____
                   (EXAMPLE: BDT1000)

I understand that I am responsible for protection of any user identifier and password, which may be issued to me, and that I will comply with instructions provided. I understand my user identifier and password are unique and only for my use. I am aware that I must change my password AT LEAST every 180 days. By affixing my signature below, I signify that I understand my responsibilities as described here.

BUYING COMMANDS

8.   ALERTS WEB ACCESS PROCUREMENT ID_____

9.   ACTION REQUESTED: ADD_____   CHANGE_____   DELETE_____

10. ALERTS USER SIGNATURE_____PHONE_____
                     (Typed or Legibly Printed)

11 SUPERVISOR NAME_____PHONE_____
                     (Typed or Legibly Printed)

12. SUPERVISOR SIGNATURE_____DATE_____

13. TASO (TERMINAL AREA SECURITY OFFICER or SECURITY POC (POINT OF CONTACT))

NAME_____PHONE_____
                     (Typed or Legibly Printed)

14. TASO or SECURITY POC SIGNATURE_____DATE_____

DCMDE FORM 528.c (REVISED 04/14/1999)